FORM NLRB-501 (3-21)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
18-CA-318643	5/22/2023		

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in	which the alleged unfair labor practice occurred or is oc	curring.			
	OYER AGAINST WHOM CHARGE IS BROUGHT				
a. Name of Employer CUNA Mutual Group/TruStage and its agent AFMAC Global-International Security Company		b. Tel. No. (b) (6), (b) (7)(C)			
		c. Cell No. (b) (6), (b) (7)(C)			
		f. Fax. No.			
d. Address (Street, city, state, and ZIP code)	e. Employer Representative				
5910 Mineral Point Road	(b) (6), (b) (7)(C)	g. e-mail			
Madison WI 53705	(b) (6), (b) (7)(C) @cunamutual.c				
		h. Number of workers employed 450			
i. Type of Establishment (factory, mine, wholesaler, etc.) Insurance j. Identify principal product or service Financial Services					
The above-named employer has engaged in and is engaged	ging in unfair labor practices within the meaning of se	ction 8(a), subsections (1) and			
(list subsections)	of the National Lab	or Relations Act, and these unfair labor			
practices are practices affecting commerce within the me	aning of the Act, or these unfair labor practices are pr	actices affecting commerce within the			
meaning of the Act and the Postal Reorganization Act.					
2. Basis of the Charge (set forth a clear and concise state					
Within the previous six months, CUNA Mutual/Tr					
with, restrained, and coerced its employees in the e creating the impression of surveillance of employe		Act by engaging in surveillance or			
We are requesting enhanced remedies including in	junctive relief.				
O. F. III and a final to the filling above (fill to be a second time as	in the same included a second comban				
3. Full name of party filing charge (if labor organization, g Local 39, Office and Employees International Unio					
	·	4b. Tel. No.			
4a. Address (Street and number, city, state, and ZIP code President Kathryn Bartlett-Mulvihill	(608) 257-4734				
Local 39, OPEIU	4c. Cell No.				
701 Watson Avenue #102	(608) 443-7304				
Madison, WI 53713		4d. Fax No.			
4u. Fax Ivu.					
		4e. e-mail			
		president@opeiu39.org			
5. Full name of national or international labor organization	n of which it is an affiliate or constituent unit (to be fille	d in when charge is filed by a labor organization)			
Office and Employees International Union, AFL-C	CIO				
	ARATION	Tel. No.			
I declare that I have read the abo are true to the best of n	(646) 460-1309				
Seth Lewis Goldstein, Esq.	Office, if any, Cell No. (646) 460-1309				
Seth Lewis Goldstein, Esq. Attorney (646) 460-1309 (signature of representative or person making charge) (Print/type name and title or office, if any) Fax No.					
One Whitehall Street, 16th floor	Date 5/22/2023	e-mail			
Address	— sgoldstein@workingpeoplesl				

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

FORM NLRB-501 (3-21)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **CHARGE AGAINST EMPLOYER**

DO NOT WRITE IN THIS SPACE			
Case	Date F ed		
18-CA-318766	05/22/2023		

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in		occurring.		
	OYER AGAINST WHOM CHARGE IS BROUGHT	1. =		
a. Name of Emp oyer	b. Te . No. (b) (6), (b) (7)(C)			
CUNA Mutual Group/ TruStage				
		c. Ce No. (b) (6), (b) (7)(C)		
		f. Fax. No.		
d. Address (Street, city, state, and ZIP code)	e. Emp oyer Representat ve			
5910 Mineral Point Road	(b) (6), (b) (7)(C)	g. e-ma		
Madison, WI 53705		(b) (6), (b) (7)(C) @cunamutual (
		h. Number of workers emp oyed		
		450		
. Type of Estab shment (factory, mine, wholesaler, etc.)	j. Ident fy pr nc pa product or serv ce			
Insurance	Financial Services			
The above-named employer has engaged in and is enga	l ging in unfair labor practices within the meaning of	section 8(a), subsections (1) and		
(list subsections) (5)		abor Relations Act, and these unfair labor		
practices are practices affecting commerce within the me	aning of the Act, or these unfair labor practices are	practices affecting commerce within the		
meaning of the Act and the Postal Reorganization Act.				
2. Bas s of the Charge (set forth a clear and concise state	ement of the facts constituting the alleged unfair lab	oor practices)		
(1.) Within the past six months, the Employer unil				
access to their 401k plan in retaliation for engaging				
past six months, the Employer engaged in unlawfu				
picket line and return to work in retaliation for eng	gaging in a ULP strike to discourage union mo	embership and support of the union in		
violation of the Act.				
Requesting enhanced remedies including injunctive	re relief.			
3. Fu name of party f ng charge (if labor organization, g				
Local 39, Office and Professional Employees Inter		•		
4a. Address (Street and number, city, state, and ZIP code	4b. Te . No.			
President Kathryn Bartlett-Mulvihill Local 39, OPEIU	(608) 257-4734			
701 Watson Avenue #102	4c. Ce No.			
Madison, WI 53713	(608) 443-7304			
	4d. Fax No.			
		4e. e-ma		
		President@opeiu39.org		
5. Fu name of nat ona or nternat ona abor organ zat or	n of which it is an aff ate or constituent unit (to be fi	illed in when charge is filed by a labor organization)		
Office and Professional Employees International U	Jnion, AFL-CIO			
6. DECLARATION Te . No.				
I declare that I have read the abo	(646) 460-1309			
are true to the best of r	Off ce, f any, Ce No.			
Seth Lewis Goldstein, Esq.	(646) 460-1309			
(signature of representative or person making charge) (Print/type name and title or office if any)				
I .		Fax No.		
		Fax No.		
One Whitehall Street, 16th floor, Manhat	tan NY 10004 Date 5/22/2023	e-ma		

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FORM NLRB-501 (3-21)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
	Date Filed		
18-CA-319668	06/09/2023		

INSTRUCTIONS:

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riie aii	Offullial Willi	NLKD Keuloi	iai Director for th	e realon ili wilici	i ille alleueu ulli	all labbi blactice (occurred or is occurring.	

1. EMPL	OYER AGAINST WHOM CHARGE IS BROUGHT				
a. Name of Employer		b. Tel. No. (b) (6), (b) (7)(C)			
CUNA Mutual Group / TruStage					
	c. Cell No. (b) (6), (b) (7)(C)				
		f. Fax. No.			
d. Address (Street, city, state, and ZIP code)	e. Employer Representative (b) (6), (b) (7)(C)				
5910 Mineral Point Road	g. e-mail				
N. 1		(b) (6), (b) (7)(C)			
Madison, WI 53705	h. Number of workers employed				
		450			
i. Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product or service				
Insurance	Financial Services				
The above-named employer has engaged in and is engaged	ging in unfair labor practices within the meaning of sec	tion 8(a), subsections (1) and			
(list subsections) (5)		or Relations Act, and these unfair labor			
practices are practices affecting commerce within the me	aning of the Act, or these unfair labor practices are pra	actices affecting commerce within the			
meaning of the Act and the Postal Reorganization Act.					
2. Basis of the Charge (set forth a clear and concise state	· · · · · · · · · · · · · · · · · · ·	<i>'</i>			
Within the past 6 months, CUNA Mutual Group /					
to bargain in good faith because the union added					
spoke out regarding terms and conditions of employments its employees whole in compensation for the					
requesting for the Board to overrule Ex-Cell-O Co					
the CUNA Mutual Group / TruStage to pay conse					
3. Full name of party filing charge (if labor organization, g	ive full name, including local name and number)				
Local 39 Office and Professional Employees Inte	rnational Union				
4a. Address (Street and number, city, state, and ZIP code	e)	4b. Tel. No.			
701 Watson Avenue #102		608-257-4734			
		4c. Cell No.			
Madison, WI 53713		608-443-7304			
		4d. Fax No.			
		4e. e-mail			
5. Full name of national or international labor organization	n of which it is an affiliate or constituent unit (to be filled	in when charge is filed by a labor organization)			
Office and Professional Employees International Union, AFL-CIO					
6. DECLARATION Tel. No.					
I declare that I have read the abo	646-460-1309				
are true to the best of n	Office, if any, Cell No.				
Seth Lewis Goldstein, Esq.	646-460-1309				
(signature of representative or person making charge) (Print/type name and title or office, if any) Fax No.					
One Whitehall Street, 16th Floor, Manha	e-mail				
	— sgoldstein@workingpeopleslaw.com				

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